(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.		R ✓ Wage D Det:	C140	0002	(Mod	d. 3)				'	ADDRESS		d Washingtoi , MD 20601	n Road							
PAYROLL NO.		FOR WEEK	ENDIN	IG						-	PROJECT /	AND LOCAT	ION				PROJEC	T OR	CONTRA	ACT NO.	
152.0		08/26/201	8								Herbert H Washingt		ilding Moder	nization- F	Phase 4		G14.16	64/G	S11P0	6MKC0030	
(1)	(2) 9 (0	(3)	Ę				Y AND				(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions -	2) Lo	ocal Tax	2	(9) NET
NAME, ADDRESS, AND	NO. OF WITHHOLDING EXEMPTIONS	WORK	þ	; <del> </del>	TUE 21				25				GROSS		WITH-	l		3) O:	ther Ded	uctions	WAGES PAID
Identification Number OF EMPLOYEE	NO.O EXEM	CLASSIFICATION	1 00		HOURS	WOI	RKED	EACH	H DAY		TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	ОТ	HER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	0		0	0	0	0	0	0	0.00	0.00 0.00	/					1) 2)	0.00		
(b) (6)	4		C	8.00	9.00	8.00	8.00	7.00	0	0	40.00	38.67 9.72 25.78 9.72	/	91.04	86.00	102.01	21.29	3)	0.00	300.34	1168.05 DD2929
	<u> </u>	1											<u> </u>								
(b) (6)	1	Laborer: Common/General			0	0	0	0	0	0	0.00	0.00 0.00	/	54.60	76.00	38.00	12.76	1)	0.00	213.77	699.23
(b) (6)	'			8.00		8.00	8.00	_	0	0	40.00	22.00 0.00	913.00	34.00	70.00	36.00	12.70	3)	32.41	213.77	DD3055
Other Deduction Detail: Other: 32.41																					

Date August 31st, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor  (Name of Signatory Party) (Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)  Herbert Hoover Building Modernization—; that during the payroll period commencing on the Phase 4 (Building or Work)  20th day of August , 2018, and ending the 26th day of August , 2018  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	(c) EXCEPTIONS
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #152
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:  SIGNATURE:  Signed Electropically
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT Atlantic Refinishing & Restoration, Inc		₩age DC Det:	002 (	Mod.	. 3)			,	ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 151.0		FOR WEEK EN 08/19/2018	DING	3						PROJECT / Herbert H Washingt		ION ilding Moder	nization- I	Phase 4			T OR CONT 64/GS11P	RACT NO. 06MKC003(	)
(1)	(2) SNOI.	(3)	OT or DT	MON -	rue w		lU FF	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Othe	r Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME. ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, (	$\vdash$		15 1 WORK			19 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK Check No.
(b) (6)	4	Tile Setter	0		0 0 3.50 8	0 0 8.00 8.0	0 0 8.0	0 0 0 5.00		0.00 5.00 35.50	0.00 0.00 38.67 9.72 25.78 9.72		114.06	126.00	128.57	26.68	1) 0.00 2) 0.00 3) 0.00	ol	1444.37 DD2767
(b) (6)	4	Terrazzo Finisher	D O S	0	0 0	0	0	0 0 0 1.00 0 0	0	0.00 1.00 0.00	0.00 0.00 31.47 8.81 20.98 8.81	40.28 1839.68	114.06	126.00	128.57	26.68	1) 0.00 2) 0.00 3) 0.00	) 005.04	1444.37 DD2767
(b) (6)		Terrazzo i illisnei	0	0	0	0	0	0 1.00	0	1.00	31.47 8.81		114.06	126.00	128.57	26.68	2) 0.0	) 005.04	
	1	Markley Charles Markey	l.	l .I	.I	.1	. 1	.1 .	I .I		ı	1 1		ı	ı	ı	1) 0.00	a l	ı
(D) (b) (b) (6)	4	Marble: Stone Mason	D 0 S	0	0 0 4.50	0	0	0 0	0	0.00 0.00 4.50	0.00 0.00 0.00 0.00 48.71 0.00		114.06	126.00	128.57	26.68	2) 0.00	) 005.04	1444.37 DD2767
	•		•		•	•	•	<u> </u>						•	•	•	•	•	•
(b) (6)	4	Point/Caulk/Clean	D O S	0	0 0	0	<u> </u>	0 0 0 2.00 0 0	0	0.00 2.00 0.00	0.00 0.00 39.00 0.00 26.00 0.00		114.06	126.00	128.57	26.68	1) 0.00 2) 0.00 3) 0.00	) 005.04	1444.37 DD2767

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCOM Atlantic Refinishing & Restoration, In		R ✓ Wage DC1 Det:	140	002 (	(Mod	d. 3)					ADDRESS		d Washingto , MD 20601	on Road						
PAYROLL NO.		FOR WEEK ENI 08/19/2018	DIN	Э								AND LOCAT	ION uilding Mode	rnization-	Phase 4			T OR CONTE		
151.0			Nashingt 1 4 1		agaa				G14.16	4/GS11P	06MKC0030									
(1)	(2)	(3)	F		(4	) DAY	Y AND	DAT	Έ		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	LDING		OT or [	MON										DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,			15 8 WOI		17 EAC	18 H DA	-	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)		Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	/		1700			1) 0.00		
	1	Common/General	0	0	0	0	0	0	8.00	0	8.00	33.00 0.00		68.91	116.00	50.00	16.12	(2) 0.00 (3) 32.41	1 202 11	860.56
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	22.00 0.00	1144.00					,		DD2889

Date August 23rd, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:  (1) That I pay or supervise the payment of the persons employed by  Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)  Herbert Hoover Building Modernization—  [	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #151
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:    SIGNATURE:   Signed Electronically
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	ACTOR	Wage DC	140	002	(Mod	d. 3)				/	ADDRESS	2320 Ol	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:			`	,							, MD 20601								
PAYROLL NO.		FOR WEEK EN	IDIN	G								AND LOCAT		.:	21 4		PROJEC	T OR CO	NTRACT N	).	
150.1		08/12/2018									⊣erbert ⊢ Vashingt		ilding Moder	nization- i	nase 4		G14.16	64/GS1	P06MK	20030	
(1)	(2)	(3)	П		(4	4) DAY	' AND	DATE	<b>.</b>		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local 2) Local			(9)
	NO. OF WITHHOLDING EXEMPTIONS		5	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS				Deductions		NET WAGES
NAME, ADDRESS, AND Identification Number	PHP MPT(	WORK CLASSIFICATION	ST, OT	6	7	8	9	10	11	12			GROSS		WITH-						PAID FOR WEEK/
OF EMPLOYEE	S S S	CLASSIFICATION			IOUR	s wor	RKED	EACH	1 DAY	,	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHE	R* DEDU	TAL CTIONS	Check No.
(b) (6)		Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1445.78					1 '	.00		
	4		0		0	0	0	2.00	0	0	2.00	38.67 9.72		92.86	89.00	104.11	21.72	1 '	.00 3	07.69	1190.09
(b) (6)			S	8.00	8.00	8.00	8.00	6.00	0	0	38.00	25.78 9.72	1497.78					,			DD2607
(b) (6)	4	Laborer: Common/General	D 0 S	0	0 0	0 0	0 0 2.00	0 0	0 0	0 0	0.00 0.00 2.00	0.00 0.00 0.00 0.00 26.00 0.00		92.86	89.00	104.11	21.72	2) 0	.00 .00 .00	07.69	1190.09 DD2607
(b) (6)	0	Laborer: Common/General	D 0 8		0 0 8.00	0 8.00	0 0	0 0	0 0	0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 22.00 0.00		88.36	220.00	83.58	20.66	2) 0	.00 .00 .41 4	45.01	1012.49 DD2686
Other Deduction Detail: Other: 32.41		ı											,					1			
(b) (6)		Tile Setter	D		0	0	0	0	0	0	0.00	0.00 0.00	852.00					1 '	.00		
	4		0		0	0	0	0	0	0	0.00	0.00 0.00	] /	78.61	72.00	73.14	18.38		.00 2	42.13	1025.87
(b) (6)			S	8.00	8.00	8.00	0	0	0	0	24.00	35.50 0.00	1268.00								DD2687

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCOR		R ✓ Wage DC <sup>2</sup> Det:	140	002 (	(Mod	. 3)					ADDRESS		d Washingto , MD 20601	n Road						
PAYROLL NO. 150.1	0.1 08/12/2018 (1) (2) (3) (4) DAY AND DATI													rnization- I	Phase 4			T OR CONTE	RACT NO. 06MKC0030	)
	1 ' '		OT or DT	MON	TUE	VED	THU	FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other De	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,		7 OURS	8 WOF	9 RKED		11 H DAY	_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	1	Laborer: Common/General	D 0 S	0 8.00	0 8.00	0 0 8.00 1		0 2.00 6.00	0 0	0 0	0.00 2.00 40.00	0.00 0.00 33.00 0.00 22.00 0.00	946.00	56.65	80.00	39.00	13.25	1) 0.00 2) 0.00 3) 32.41	221 21	724.69 DD2727

Date August 17th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)  Herbert Hoover Building Modernization— ; that during the payroll period commencing on the Phase 4 (Building or Work)  6th day of August , 2018 , and ending the 12th day of August , 2018  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48)	(c) EXCEPTIONS
Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, Other	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Revised Payroll #150.1-Entered wrong pay rate
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as	(b) (6) Payroll Supervisor Signed Electronically  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
noted in section 4(c) below.	31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	RACTOF	₩age DC	140	002	(Mo	d. 3)				1	ADDRESS	2320 Ol	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:										Waldorf,	, MD 20601								
PAYROLL NO.		FOR WEEK EN	IDIN	G								AND LOCAT	ION Iilding Moder	nization [	Dhono 4		PROJEC	T OR C	CONTRA	ACT NO.	
150.0		08/12/2018									Vashingt		ilialing ivioaei	nizalion- i	-nase 4		G14.16	64/GS	\$11P0	6MKC0030	
(1)	(2)	(3)	70		(-	4) DAY	Y AND	DAT	E		(5)	(6)	(7)	55	(8)	* Other	Deductions		cal Tax		(9)
	DING		OT or [		TUE	WED								DE	DUCTIONS				her Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	6	7	8	9	10	11	12	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK
OF EMPLOYEE			+	1	HOUR	S WO		EACI	- 1	′	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare		HER*	DEDUCTIONS	Check No.
(b) (6)		Tile Setter	D		0	0	0	0	0	0	0.00	0.00 0.00	/					1)	0.00		
	4		0		0	-		2.00	0	0	2.00	48.39 0.00	1 / 1	92.86	89.00	104.11	21.72	3)	0.00	307.69	1190.09
(b) (6)			S	8.00	8.00	8.00	8.00	6.00	0	0	38.00	35.50 0.00	1497.78								DD2607
(b) (6)	4	Laborer: Common/General	D 0 S	0	0	0 0	0 0 2.00	0 0	0 0	0 0	0.00 0.00 2.00	0.00 0.00 0.00 0.00 26.00 0.00		92.86	89.00	104.11	21.72	1) 2) 3)	0.00 0.00 0.00	307.69	1190.09 DD2607
(b) (6)		Laborer: Common/General	0		0	0	0	0	0	0	0.00	0.00 0.00	/					1) 2)	0.00		
(WWW.CO)	0			8.00	8.00	0 00	0	0	0	0	24.00	0.00 0.00 22.00 0.00	/	88.36	220.00	83.58	20.66	3)	32.41	445.01	1012.49 DD2686
Other Deduction Detail: Other: 32.41				8.00	8.00	8.00	0	٥	٥	٥	24.00	22.00 0.00	1457.50								DD2686
Other Boddenen Botain. Girlor. 62.11																					
(b) (6)		Tile Setter	D		0	0	0	0	0	0	0.00	0.00 0.00	852.00					1)	0.00		
	4		0		0	Ů	0	0	0	0	0.00	0.00 0.00	/	78.61	72.00	73.14	18.38	3)	0.00	242.13	1025.87
(b) (6)			s	8.00	8.00	8.00	0	0	0	0	24.00	35.50 0.00	1268.00								DD2687

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO		R ✓ Wage DC <sup>2</sup> Det:	140	002	(Mod	. 3)				'	ADDRESS		d Washingto , MD 20601	n Road						
PAYROLL NO. 150.0	08/12/2018 (1) (2) (3) (4) DAY AND DATI													rnization- I	Phase 4			T OR CONTE	ACT NO. 06MKC0030	
	1 ' '		b	MON	TUE	VED	THU	FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other De	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST,		7 OURS	8 WOF			11 H DAY	12	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	1	Laborer: Common/General	D 0 S	0 8.00	0 8.00	0 0 8.00 1		0 2.00 6.00	0	0	0.00 2.00 40.00	0.00 0.00 33.00 0.00 22.00 0.00		56.65	80.00	39.00	13.25	1) 0.00 2) 0.00 3) 32.41	221 21	724.69 DD2727

Date August 17th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization- ; that during the payroll period commencing on the Phase 4 (Building or Work)	
6th day of August , 2018 , and ending the 12th day of August , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #150
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTO	R ✓ Wage DC	140	0002	(Mo	d. 3)			1	ADDRESS	2320 OI	ld Washingto	n Road						
Atlantic Refinishing & Restoration, Inc		Det:			(	<b></b> 0,						f, MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	G							AND LOCAT			DI: 4		PROJEC	T OR CONTI	RACT NO.	
149.0		08/05/2018								Washing		uilding Moder	nization- i	Phase 4		G14.16	64/GS11P	06MKC0030	)
(1)	(2)	(3)	Ь		(	(4) DAY A	AND I	DATE	•	(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta:		(9)
	NO. OF WITHHOLDING EXEMPTIONS			MON	TUE	WED T	HU I	FRI S	AT SUI	v			DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	유부	WORK CLASSIFICATION	ST, OT	30	31	1	2	3	4 5			GROSS		WITH-				T	PAID FOR WEEK/
OF EMPLOYEE	S M M	CLASSIFICATION			IOUR	S WOR	KED E	EACH	DAY	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Marble: Stone Mason	D	0	0	0	0	0	0	0.00	0.00 0.00	1948.40					1) 0.00	1	
	4		0	0	0	0	0	0	0	0.00	0.00 0.00		120.81	138.00	136.35	28.25	2) 0.00	100 11	1524.99
(b) (6)			S	8.00	8.00	8.00 8	.00 8	8.00	0 (	40.00	48.71 0.00	1948.40							DD2441
Other Deduction Detail: Other: 32.41	0	Laborer: Common/General	О S	0	0 8.00	0 8.00 8	0 0	0	_	0.00 0 0.00 0 40.00	0.00 0.00 0.00 0.00 22.00 0.00		52.55	93.00	42.22	12.29	1) 0.00 2) 0.00 3) 32.4	000.47	647.53 DD2526
Giner Decident Decidi. Offici. 02:41																			
(b) (6) (b) (6)	4	Tile Setter	D O S	0	0 8.00	0 0 8.00 8	0 0 .00.8	0 0 8.00	_	0 0.00 0 0.00 0 40.00	0.00 0.00 0.00 0.00 35.50 0.00		88.04	90.00	84.62	20.59	1) 0.00 2) 0.00 3) 0.00	000.05	1136.75 DD2527
(b) (6)	1	Laborer: Common/General	D 0 s	0	0 0 8.00	0 0 8.00 8	0 0 0.00 8	0 0 8.00	_	0 0.00 0 0.00 0 40.00	0.00 0.00 0.00 0.00 22.00 0.00		52.55	73.00	36.00	12.29	1) 0.00 2) 0.00 3) 32.4	000.05	673.75 DD2566
Other Deduction Detail: Other: 32.41		•									1								

Date August 10th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)  30th day of July , 2018 , and ending the 5th day of August , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #149
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Det:										ADDRESS 2320 Old Washington Road Waldorf, MD 20601											
Atlantic Refinishing & Restoration, Inc.		DCI.									vvaluoii,	WID 2000 I									
PAYROLL NO. FOR WEEK ENDING 148.0 07/29/2018								PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4  PROJECT OR CONTRACT NO.  G14.164/GS11P06MKC0030													
			_							Washingt											
(1)	(2)	(3)	۱		(4	) DAY A	ND [	DATE		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions		cal Tax : cal Tax :		(9)	
	ONS		OT or	MON	TUE	WED TH	HU F	FRI SA	AT SUN				DE	DUCTIONS				ther Ded		NET WAGES	
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, O				26 2		8 29	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK	
OF EMPLOYEE				1	OURS i	WORK	ED EACH	EACH I	- i	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare		HER* 0.00	DEDUCTIONS	Check No.	
(b) (6)		Marble: Stone Mason	D		0	0	0	0	0 0	0.00	0.00 0.00	1948.40					1)	0.00			
	4		0		0	0	0	0	0 0	0.00	0.00 0.00		120.80	138.00	136.35	28.25	3)	0.00	423.40	1525.00	
(b) (6)			S	8.00	8.00	8.00 8.0	00 8	3.00	0 0	40.00	48.71 0.00	1948.40								DD2272	
(b) (6)	0	Laborer: Common/General	D O S	0	0 0		0 0 8		0 0	0.00	0.00 0.00 0.00 0.00 22.00 0.00	/	49.82	84.00	39.58	11.65	1) 2) 3)	0.00 0.00 32.41	217.46	618.54 DD2359	
Other Deduction Detail: Other: 32.41																					
		h							1	ı	ı	. 4		ı		ı	La			ı	
(b) (6)		Marble: Stone Mason	D		0	0	0	0	0 0	0.00	0.00 0.00	1169.04					1) 2)	0.00			
	4		0		0	0	0	0	0 0	0.00	0.00 0.00		95.05	102.00	93.16	22.23	3)	0.00	312.44	1220.60	
(b) (6)			S	0	0	8.00 8.0	00 8	3.00	0 0	24.00	48.71 0.00	1533.04								DD2360	
Oscar A Orellana		Laborer:	D	0	0	0	0	0	0 0	0.00	0.00 0.00	720.00					1)	0.00			
	1	Common/General	0	0	0	0	0	0	0 0	0.00	0.00 0.00		44.64	43.00	49.29	10.44	2) 0.00	0.00	147.37	572.63	
9527			s	8.00	8.00	8.00 8.0	00 8	3.00	0 0	40.00	18.00 0.00	720.00					3)	0.00		DD2393	

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.										ADDRESS 2320 Old Washington Road Waldorf, MD 20601										
PAYROLL NO. FOR WEEK ENDING 07/29/2018									H	PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC  PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030								)		
(1)	(3) WORK	OT or DT	(4) DAY AND DATE  MON TUE WED THU FRI S  23 24 25 26 27			SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	(9) NET WAGES					
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST,			25 S WO			28 H DAY	_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	1	Laborer: Common/General	D O S	-	0 0 8.00	0 8.00	0 0 8.00	0 8.00	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 22.00 0.00		52.55	73.00	36.00	12.29	1) 0.00 2) 0.00 3) 32.41	206.25	673.75 DD2399

Date August 10th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)	
23rd day of July , 2018 , and ending the 29th day of July , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #148
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.